

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Audiologists
Speech-Language Pathologists
Managed Care Plans

**Memorandum No: 04-53 MAA
Issued: June 10, 2004**

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

**For Information Call:
1-800-562-6188**

Supersedes: 03-47 MAA

Subject: Speech/Audiology Program: Fee Schedule Changes

Effective for dates of service on and after July 1, 2004, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2004 relative value units (RVUs); and
- The Year 2004 additions of Current Procedural Terminology (CPT™) codes.

Maximum Allowable Fees

MAA is updating the Speech Audiology Program fee schedule with Year 2004 RVUs. The maximum allowable fees have been adjusted to reflect this change. The 2004 Washington State Legislature **did not appropriate a vendor rate increase** for the 2005 state fiscal year.

Attached are updated replacement pages 13-16 of MAA's Speech/Audiology Program Billing Instructions, dated July 1999. To obtain MAA's numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

Fee Schedule

Due to its licensing agreement with the American Medical Association, MAA publishes only official, brief CPT® procedure code descriptions. To view the full descriptions, please refer to your current CPT book.

AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS

CPT Procedure Code	Brief Description	July 1, 2004 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92506	Speech/hearing evaluation	\$80.25	\$29.70
92507	Speech/hearing therapy	38.09	17.68
92508	Speech/hearing therapy	17.91	8.84
92510	Rehab for ear implant	82.97	54.18
92551	Pure tone hearing test, air	10.18	10.18
92611	Motion fluoroscopy/swallow	80.25	80.25
97532	Cognitive skills development	14.96	14.96
97533	Sensory integration	15.64	15.64

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AUDIOLOGISTS ONLY

CPT Procedure Code/ Modifier	Brief Description	July 1, 2004 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
69210	Remove impacted ear wax	\$29.24	\$20.18
92541	Spontaneous nystagmus test	31.96	31.96
92541-TC	Spontaneous nystagmus test	18.14	18.14
92541-26	Spontaneous nystagmus test	13.83	13.83
92542	Positional nystagmus test	32.42	32.42
92542-TC	Positional nystagmus test	21.08	21.08
92542-26	Positional nystagmus test	11.34	11.34
92543	Caloric vestibular test	14.74	14.74
92543-TC	Caloric vestibular test	11.11	11.11
92543-26	Caloric vestibular test	3.63	3.63
92544	Optokinetic nystagmus test	25.62	25.62
92544-TC	Optokinetic nystagmus test	16.78	16.78
92544-26	Optokinetic nystagmus test	8.84	8.84
92545	Oscillating tracking test	23.80	23.80
92545-TC	Oscillating tracking test	15.878	15.87
92545-26	Oscillating tracking test	7.93	7.93
92546	Sinusoidal rotational test	48.29	48.29
92546-TC	Sinusoidal rotational test	38.54	38.54
92546-26	Sinusoidal rotational test	9.75	9.75
92547	Supplemental electrical test	27.43	27.43
92552	Pure tone audiometry, air	10.88	10.88
92553	Audiometry, air & bone	16.32	16.32
92555	Speech threshold audiometry	9.29	9.29
92556	Speech audiometry, complete	14.06	14.06
92557	Comprehensive hearing test	29.47	29.47

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AUDIOLOGISTS ONLY (cont.)

CPT Procedure Code/ Modifier	Brief Description	July 1, 2004 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92567	Tympanometry	\$12.92	\$12.92
92568	Acoustic reflex test	9.29	9.29
92569	Acoustic reflex decay test	9.97	9.97
92579	Visual audiometry (VRA)	17.91	17.91
92582	Conditioning play audiometry	17.91	17.91
92584	Electrocochleography	60.98	60.98
92585	Auditor evoke potent, compre	61.89	61.89
92585-TC	Auditor evoke potent, compre	45.11	45.11
92585-26	Auditor evoke potent, compre	16.78	16.78
92586	Evoked auditory test	45.11	45.11
92587	Evoked otoacoustic emissions; limited	36.73	36.73
92587-TC	Evoked otoacoustic emissions; limited	31.96	31.96
92587-26	Evoked otoacoustic emissions; limited	4.76	4.76
92588	Evoked auditory test	48.29	48.29
92588-TC	Evoked auditory test	36.05	36.05
92588-26	Evoked auditory test	12.24	12.24
92589	Auditory function test(s)	13.15	13.15
92601	Cochlear implt f/up exam < 7	79.34	79.34
92602	Reprogram cochlear implt < 7	55.31	55.31
92603	Cochlear implt f/up exam 7 >	52.37	52.37
92604	Reprogram cochlear implt 7 >	34.91	34.91

Note: Audiology function tests 92552-92553 can be paid separately. Other tests are included in general services.

SPEECH-LANGUAGE PATHOLOGISTS ONLY

CPT Procedure Code	Brief Description	July 1, 2004 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92526	Oral function therapy	\$51.01	\$17.46
92597	Oral speech device eval	59.17	30.83
92605	Eval for nonspeech device rx	Bundled	
92606	Non-speech device service	Bundled	
92607	Ex for speech device rx, 1 hr	74.81	74.81
92608	Ex for speech device rx, addl	16.32	16.32
92609	Use of speech device service	37.41	37.41
92610	Evaluate swallowing function	80.25	80.25

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